

CHAPTER 4000 MEDICAL ASSISTANCE FOR INDIVIDUALS AGE 18 OR YOUNGER: Children (including unborns) may receive medical assistance if they meet the eligibility requirements outlined in this material. A pregnant woman may receive pregnancy-related services before the birth of her child and for two months following the birth.

4-001 Eligibility Criteria

4-001.01 Eligibility Requirements: The elements of eligibility that are listed below must be met:

1. U.S. citizenship and alien status (see 477 NAC 2-002);
2. Nebraska residence (see 477 NAC 2-003);
3. Social Security number (see 477 NAC 2-004);
4. Relative responsibility (see 477 NAC 2-007);
5. Age requirements for children (see 477 NAC 4-001.02);
6. Income (see 477 NAC 2-009);
7. Cooperation with requirements for third party medical payments (see 477 NAC 2-010); and
8. A pregnancy statement if assistance is desired for an unborn (see 477 NAC 2-006).  
{Effective 9/27/2000}

4-001.02 Age Requirements for Children: If a family's income exceeds the income levels listed below, see 477 NAC 6-000 for eligibility for Kids Connection unless the child(ren) has creditable health insurance.

{Effective 10/7/98}

4-001.02A Unborns: Unborns are eligible for Super Enhanced Medical Assistance for Children (SEMAC) if the family income equals 185 percent or less of the federal poverty levels. Eligibility continues through the month of the child's birth.

{Effective 9/27/2000}

4-001.02AB Birth to Age One: Children up to the age of one are eligible for Enhanced Medical Assistance for Children (EMAC) if the family income equals 150 percent or less of the federal poverty levels. Eligibility continues through the month the child reaches age one.

{Effective 12/17/95}

4-001.02C Five or Younger: Children age one through five (through the month of their sixth birthday) are eligible for Medical Assistance for Children (MAC) if the family income equals 133 percent of the federal poverty levels.

{Effective 12/17/95}

4-001.02D Ages Six and Older: Children ages 6 through 18 are eligible for School Age Medical (SAM) if the family income equals 100 percent of the federal poverty levels. Eligibility continues through the month of the child's 19th birthday.

{Effective 5/4/98}

4-001.03 Income Level for Maintenance: The income level for maintenance is determined by the number of family members. In determining the income level, the following individuals are considered if they are not included in another budgetary unit:

1. Children (including unborns) who meet the age requirement; and  
Note: When it is medically verified that there is more than one fetus, all unborns are considered in the income level.
2. Parents.

Note: See 477 NAC 2-007.03 for determination of paternity.

The income level for maintenance is based on the federal poverty levels. If income is equal to or less than the income level, the unit is eligible. If the income is more than the level, the child(ren) is ineligible for MAC, EMAC, SEMAC or SAM. Eligibility for another assistance program is considered.

4-001.03A Treatment of Income: Income is allowed Medicaid disregards (see 477 NAC 2-009. ff.).

{Effective 8/18/03}

4-001.03A1 Income Considered: Any unearned income of a child in the unit is counted. Income of a parent(s) in the home is counted.

4-001.03A2 Medical Insurance Disregards: The cost of medical insurance premiums is deducted if an individual included in the income level for maintenance is responsible for payment.

Exception: The cost of premiums for income-producing policies is not allowed as a medical deduction.

4-001.03A3 Income Disregards

4-001.03A3a Earned Income Disregard: Earned income of each employed individual is allowed a \$100 disregard.

{Effective 10/15/2002}

4-001.03A3a(1) Child Care Disregard: The cost of child care may be deducted from earned income of a parent if child care is required for a child in the unit. See 477 NAC 2-009.01A2c.

4-001.03A3a(2) Self-Employment Disregards: For disregards for self-employed clients, see 477 NAC 2-009.01A2a.

4-001.04 Redetermination of Eligibility: The worker must redetermine eligibility every six months. Eligibility may be redetermined in less than six months to coordinate review dates for more than one program.

4-001.04A Redetermination for Unborn Up to Age 1: Once an unborn is determined eligible, no review is required for 12 months from the date of birth as long as the infant continues to reside with his/her mother. An income review is not required.

4-001.05 Pregnancy-Related Assistance for an Ineligible Mother of an Eligible Unborn: A pregnant woman receives pregnancy-related medical services, which include prenatal, delivery, and post-partum care as well as other medical services necessary to ensure a healthy delivery. This assistance is available from the date the pregnancy is medically verified through the end of the post-partum period (the period beginning on the last day of pregnancy through the month in which the 60 days end). See 471 NAC 2-006.06A for covered services. See 477-000-323 for examples.

{Effective 11/28/93}